

**DENTAL BOARD OF CALIFORNIA**

1432 HOWE AVENUE, SUITE 85, SACRAMENTO, CA 95825-3241

TELEPHONE: (916) 263-2300

FAX: (916) 263-2140

**FEE: \$ 100**FILING FEE IS NON-REFUNDABLE  
FOR OFFICE USE ONLY**APPLICATION FOR  
ADDITIONAL DENTAL OFFICE**Pursuant to Division 2, Chapter 4  
Business & Professions Code, Article 3.5 & 6.Check One: ☐ DENTAL CORPORATION☐ INDIVIDUAL☐ ISSUED IN LIEU OF PERMIT \_\_\_\_\_**ANY OMISSIONS OR INACCURACIES ARE GROUNDS FOR DISAPPROVAL AND REJECTION**☐ **INDIVIDUAL APPLICATION****PRINT OR TYPE**

1. Name:	Last	First	Middle	License No.
2. The address of your primary place of practice is:				
Street and Suite Number	City	State	Zip Code	
3. The address of the proposed additional place of practice is:				
Street and Suite Number	City	State	Zip Code	
4. Do you certify under penalty of perjury that you accept legal responsibility and liability for dental services rendered in each of the offices maintained by you?				
				Yes No
5. Do you certify under penalty of perjury that all offices you operate are in compliance with Business and Professions Code 1658.1 and all other applicable State and Federal laws?				
				Yes No
6. Have you posted, in a visible area to patients, a sign with your name, mailing address, telephone number and dental license number?				
				Yes No

**CERTIFICATION***I certify under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

Any false statement willfully made in the application may result in discipline or criminal liability under Business and Professions Code, Section 1701(e), or other applicable provisions of the law.

7. Will you be the sole person having any proprietary interest of any nature whatsoever, or having any legal right to participate in the management or control of said proposed additional office?			
Yes No			
7a. If question No. 7 is answered in the negative, then state the names, addresses, and occupations of all persons other than yourself who will have any legal right to participate in the management or control of said office and describe the exact nature of such proprietary interest and/or legal right to participate in the management or control of said office.			
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8. If the proposed additional office is already established, give the name of the transferor and state the method of transfer. (Examples: Sale of practice, sale of space or property, lease arrangement with proprietor, etc.)			
NAME:	Last	First	Middle
			Method of Transfer
9. Your field of practice:			Telephone Number of main office
			( )

**CORPORATION APPLICATION**

PRINT OR TYPE

1. NAME: (Corporation)			
2. The address of your primary place of practice is:			
Street and Suite No.	City	State	Zip
3. The address of the proposed additional place of practice is:			
Street and Suite No.	City	State	Zip
4. SHAREHOLDERS			
Name: Last	First	Middle	License No.
Address: Street and Suite No.	City	State	Zip
Name: Last	First	Middle	License No.
Address: Street and Suite No.	City	State	Zip
Name: Last	First	Middle	License No.
Address: Street and Suite No.	City	State	Zip

**DECLARATION**

*I am an officer of \_\_\_\_\_,*

Name of Corporation

*and as such make this declaration for and on behalf of said corporation. I have read the foregoing application and all attachments thereto and know the contents thereof, and the same are true of my own knowledge.*

*I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

Any false statement willfully made in this application may result in discipline or criminal liability under Business and Professions Code, Section 1701(e), or other applicable provisions of the law.

Executed at \_\_\_\_\_, California on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

By \_\_\_\_\_  
Type or Print Name License No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**NOTE: Must be executed by an officer who is a licensed dentist.**

Give the addresses of all places of practice in California in which you hold any proprietary interest whatsoever, or in which you have any legal right to participate in the management or control.

[illegible]